

Hamilton County Health Department Resource Program

The Hamilton County Health Department has been tasked to identify and manage public health related resources within Hamilton County. The Health Resource program wants to maintain the ability to effectively communicate information with all health related professionals and to sustain a health related volunteer service willing to assist the Hamilton County Health Department.

Contact Information

First Name: _____	Professional Title: _____
Last Name: _____	Professional Specialty: _____ (i.e., Family Practice, Veterinarian, Mortician, Office Assistant, etc.)
Address: _____	
City: _____	State: <input type="text"/> <input type="text"/> Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime Phone: () _____	Email: _____
Evening Phone: () _____	Cellular Phone (optional): () _____
Fax Number: () _____	Text Message System: _____ (i.e., Blackberry, text-enabled cell phone, two-way pager)

Employment Information

Employment Status	<input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Currently Employed	County of Residence: _____
Company: _____		
Address: _____		
City: _____	State: <input type="text"/> <input type="text"/>	Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Number: () _____	Fax Number: () _____	

Occupational Profile

What is your Relationship to Hamilton County?	<input type="checkbox"/> Reside and work in Hamilton County <input type="checkbox"/> Reside in Hamilton County <input type="checkbox"/> Work in Hamilton County <input type="checkbox"/> Neither reside nor work in Hamilton County			
Are you licensed/certified in a Health-Related field	<input type="checkbox"/> Yes <input type="checkbox"/> No			
License/ Certification Number _____				
Primary Occupation	<table><tr><td><input type="checkbox"/> MD/DO <input type="checkbox"/> Dentist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant /Nurse Practitioner</td><td><input type="checkbox"/> Nursing - RN, LPN <input type="checkbox"/> EMT / Paramedic <input type="checkbox"/> Administration / Support <input type="checkbox"/> Clergy / Social Worker <input type="checkbox"/> Respiratory Therapist</td><td><input type="checkbox"/> MA / CNA / CMA <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Student <input type="checkbox"/> Other _____</td></tr></table>	<input type="checkbox"/> MD/DO <input type="checkbox"/> Dentist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant /Nurse Practitioner	<input type="checkbox"/> Nursing - RN, LPN <input type="checkbox"/> EMT / Paramedic <input type="checkbox"/> Administration / Support <input type="checkbox"/> Clergy / Social Worker <input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> MA / CNA / CMA <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Student <input type="checkbox"/> Other _____
<input type="checkbox"/> MD/DO <input type="checkbox"/> Dentist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant /Nurse Practitioner	<input type="checkbox"/> Nursing - RN, LPN <input type="checkbox"/> EMT / Paramedic <input type="checkbox"/> Administration / Support <input type="checkbox"/> Clergy / Social Worker <input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> MA / CNA / CMA <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Student <input type="checkbox"/> Other _____		
Secondary Occupation: _____	Secondary License Number: _____			

Medical Reserve Corp (MRC) Volunteer Information

If you would like to be a volunteer for the Hamilton County Medical Reserve Corp during a declared public health emergency, please complete the following information. MRC volunteers will also be routinely informed of emerging public health releases issued by state and federal health services.

☐ Yes, I would like to be a MRC volunteer